	Pd Uk#4458
DEGELVE	\$18.00 TMM
State	of Washington
Application for	or a Water Right
	actions to avoid unnecessary delays.

For Ecology Use	
Fee Paid	
Date	

Section	1. APPI	LICANT :	- PERSO	n, org <i>a</i>	ANIZAI	rion, or	WATE	R S	YSTEM
Name Ga	no - Mar	sing Well	ID#C	42796	I	Home Tel:	9)697	- 5	188
Mailing Add	lress 20	o maple	Way K	oad	V	Work Tel:	7)+53	- 4	833
City_Se	lah	St	ate Wax Zi	p+49894	+_	FAX:(2	09)453	2-5	188 833 753
	2. CON	TACT - I				UT THE			
Name					I	Home Tel:			
Mailing Add	lress				V	Work Tel:(
City	flegiga	St	ateZi	p+4	+	FAX:(_)		
		FEMENT			í aem	nd water source	(⊠ gal	lons r	per minute or
purpose(s) on DESCRIPT and sufficient sufficient purposes the contract of the	of <u>Cano</u> TION OF T	HE PLACE	OF USE.	(See instruc	tions.) No		AI	er or	H A "LEGAL" a plat number is
need	led: From _	reter use is pro-	to			ndicate the pe	riod of tir	ne tha	t the water will be
If SURFA	CE WAT	ER			If GROU	JNDWATER	?		
lake, etc.		e and indicate, write "unn			A permit	is desired for	ONE	w	ell(s).
Number of	diversions	:							
Source flo	ws into (na	me of body o	of water):		Size & d	epth of well(s)):		
					-	wh FAZE	and po	en l	casing to 436 fee
LOCATIO)N				Q 1/	VEA (502 (900	710 70016
Enter the nearest se	north-sout			1	1950 South 6	point of dive fect ea NW	st & corner	2 of	100 oferl Section 3
		1	-1.				If location		ce is platted, complete
¼ of	¼ of	Section	Township	Range(E/W)	(County	Lot E	Block	elow: Subdivision
11.	4.1.	.7	12 %	18	1/ 10				
NE	NW	3	13N	18 E	Yaki	mq	2		91-110
	ot/Not Exempt	leceived: <i>M/3-1</i> FERC L	cense #	A bro	E	MARCH 1 Dept. Of Health #		8	wria: 38

ECY 040-1-14 Rev. 9/95 F Appl. No.: 64-32659

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: Gano - Marsing IN # 042496
B.	Briefly describe your proposed water system. (See instructions.)
	To serve domestic drinking water to six connections pomestic Public Water supply for six connections
	pomesti - prij toi sie ebilitections
C.	Do you already have any water rights or claims associated with this property or system? XYES \(\subseteq \) NO
	PROVIDE DOCUMENTATION. All Lots have water supplied for Irrigation
	from the Walles . Setah Irrigation District.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Co	empleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.)
	If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by
	your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
~	
C.	Do you have a current water system plan approved by the Washington State Department of Health?
	If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? ☐ YES ☐ NO
D.	If yes, when was it approved? Please attach the current approved version of your plan.
Sec	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Co	omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 1/2 acre max
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	UseAcresUseAcresUseAcres
	UseAcres
C.	Total number of acres to be covered by this application:
D	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
	Add up the acreage in which you have a controlling interest, including only:
	‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application;
	‡ Acreage proposed to be irrigated under other pending application(s).
	1 Is the combined acrosses greater than 2000 cores?
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? YES DO NO
	If yes, enter permit no:
Ε.	Farm uses:
L	
	Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES INO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Yaking 1. Go Worth on 1-82 2 Take 1st Street exit for Schah Wa. 3. AT STOP Light by Pin Grey Ford Turn Left on to Grusher Canyon Road 4. AT Readend tee turn Right on Maple way Road. 5 take turn Left on to gravel road just past red brick house on the right. 5. When gravel road ends well house is 50 feet on your left,

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

Does the applicant own the land on which the water will be used? □ YES ♥NO If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

I am water system manager for six person connection public water system (Gano Marsing ID # 042496) that corrently falls under 5000 gpd exempt well. I am applying for water rights for the well before laws change the status of exempt wells

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

- YES ANO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with

Landowner for place of use (if same as applicant, write "same")

Chairman Marsing-Gano Public Water-Supply

We are returning your application for the following	g reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (d	d above and return your late).	application by
cology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).